

11823-9

ATTORNEY DOCKET NO.

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DESIGNING IMPROVED HUMANIZED IMMUNOGLOBULINS

the specification of which  is attached hereto or  was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## Prior Foreign Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			Yes _____ No _____
			Yes _____ No _____

I claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	DATE OF FILING	STATUS
290,975	December 28, 1988	<input type="checkbox"/> Patented <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) who are partners and associates in the firm of Townsend and Townsend to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

William M. Smith, Reg. No. 30,223

James M. Heslin, Reg. No. 29,541

Steve W. Parmelee, Reg. No. 31,990

SEND CORRESPONDENCE TO:	William M. Smith TOWNSEND and TOWNSEND Stewart Street Tower, One Market Plaza San Francisco, CA 94105	DIRECT TELEPHONE CALLS TO: (name, registration number, and telephone number) William M. Smith, Reg. 30,223 <input type="checkbox"/> (415) 543-9600 or <input checked="" type="checkbox"/> (415) 326-2400
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FULL NAME OF INVENTOR	Last Name Queen	First Name Cary	Middle Name or Initial L.	
RESIDENCE & CITIZENSHIP	City Palo Alto	State or Foreign Country California	Country of Citizenship USA	
POST OFFICE ADDRESS	Post Office Address 1300 Oak Creek Dr.	City Palo Alto	State or Country California	Zip Code 94304
FULL NAME OF INVENTOR	Last Name Selick	First Name Harold	Middle Name or Initial Edwin	
RESIDENCE & CITIZENSHIP	City Belmont	State or Foreign Country California	Country of Citizenship USA	
POST OFFICE ADDRESS	Post Office Address 1673 Sunnyslope Ave.	City Belmont	State or Country California	Zip Code 94002
FULL NAME OF INVENTOR	Last Name	First Name	Middle Name or Initial	
RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
POST OFFICE ADDRESS	Post Office Address	City	State or Country	Zip Code

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 <i>Cary Queen</i> Date 2/10/89	Signature of Inventor 202 <i>Harold E. Selick</i> Date 2/10/89	Signature of Inventor 203 Date
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TOWNSEND AND TOWNSEND

Atty. Docket: 11823-9

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

Applicant or Patentee: Cary L. Queen and Harold Edwin Selick  
Serial No.: Not yet assigned Filing Date: February 13, 1989  
Patent No.: \_\_\_\_\_ Issued: \_\_\_\_\_  
For: DESIGNING IMPROVED HUMANIZED IMMUNOGLOBULINS

I hereby declare that I am

the owner of the small business concern identified below:  
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN PROTEIN DESIGN LABS, INC.  
ADDRESS OF CONCERN 3181 Porter Drive

Palo Alto, California 94304

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled DESIGNING IMPROVED HUMANIZED

IMMUNOGLOBULINS by inventor(s)  
Cary L. Queen and Harold Edwin Selick  
described in

the application filed herewith  
 application serial no. \_\_\_\_\_, filed \_\_\_\_\_  
 patent no. \_\_\_\_\_, issued \_\_\_\_\_

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
 INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT ORGANIZATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
 INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Shirley L. Clayton  
TITLE OF PERSON OTHER THAN OWNER Chief Financial Officer  
ADDRESS OF PERSON SIGNING Protein Design Labs, Inc., 3181 Porter Drive,  
Palo Alto, CA 94304

SIGNATURE Shirley L. Clayton DATE 2/13/89

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMPROVED HUMANIZED IMMUNOGLOBULINS**

the specification of which  is attached hereto or  was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

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			Yes _____ No _____
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William M. Smith, Reg. No. 30,223

James M. Heslin, Reg. No. 29,541

Albert J. Hillman, Reg. No. 20,134

SEND CORRESPONDENCE TO:	William M. Smith, Esq. TOWNSEND and TOWNSEND Steuart Street Tower, One Market Plaza San Francisco, CA 94105	DIRECT TELEPHONE CALLS TO: (name, registration number, and telephone number) William M. Smith Reg. No. 30,223 <input type="checkbox"/> (415) 543-9600 or <input checked="" type="checkbox"/> (415) 326-2400
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201	FULL NAME OF INVENTOR	Last Name <b>QUEEN</b>	First Name <b>CARY</b>	Middle Name or Initial <b>L.</b>	
	RESIDENCE & CITIZENSHIP	City <b>LOS ALTOS</b>	State or Foreign Country <b>CALIFORNIA</b>	Country of Citizenship <b>U.S.A.</b>	
202	POST OFFICE ADDRESS	Post Office Address <b>622 Benvenue Street</b>	City <b>Los Altos</b>	State or Country <b>California</b>	Zip Code <b>94022</b>
203	FULL NAME OF INVENTOR	Last Name <b>CO</b>	First Name <b>MAN SUNG</b>	Middle Name or Initial <b>---</b>	
	RESIDENCE & CITIZENSHIP	City <b>CUPERTINO</b>	State or Foreign Country <b>CALIFORNIA</b>	Country of Citizenship <b>Hong Kong</b>	
204	POST OFFICE ADDRESS	Post Office Address <b>10230 Yoshino Place</b>	City <b>Cupertino</b>	State or Country <b>California</b>	Zip Code <b>95014</b>
205	FULL NAME OF INVENTOR	Last Name <b>SCHNEIDER</b>	First Name <b>WILLIAM</b>	Middle Name or Initial <b>P.</b>	
	RESIDENCE & CITIZENSHIP	City <b>MOUNTAIN VIEW</b>	State or Foreign Country <b>CALIFORNIA</b>	Country of Citizenship <b>U.S.A.</b>	
206	POST OFFICE ADDRESS	Post Office Address <b>484 Loreto Street</b>	City <b>Mountain View</b>	State or Country <b>California</b>	Zip Code <b>94041</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201	Signature of Inventor 202	Signature of Inventor 203
Date	Date	Date